

2001 JUL 30 P 3 05

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BILL CONRAD FOR CONGRESS

ADDRESS (number and street)

1410 COLLEGE AVENUE

(Check if address
is changed)

MODesto

CA

95350

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bill@CONRADgmac.com

lreilly@rightandcompany.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07

11

2001

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CINDY O'HALLORAN

Signature of Treasurer

Date

07

25

2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate WILLIAM BRYAN CONRAD

Candidate Party Affiliation REP Office Sought House Senate President State CA District 19

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name CINDY O'HALLORAN

Mailing Address 1410 COLLEGE AVENUE
MODESTO CA 95350

Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 209 - 549 - 8568

B. **Treasurer:** List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer CINDY O'HALLORAN

Mailing Address 1410 COLLEGE AVENUE
MODESTO CA 95350

Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number

Full Name of Designated Agent KELLY ANN VAN FOEKEN

Mailing Address 8881 BENATAR WAY
SUITE 101 CHICO CA 95928

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 530 - 894 - 6567

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

UNION SAFE DEPOSIT BANK

Mailing Address

901 H STREET

MODESTO

CA

95354

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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